

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/707,099-Conf. #1098
	Filing Date	November 20, 2003
	First Named Inventor	Michael E. Carson
	Art Unit	3677
	Examiner Name	J. A. Sharp
	Attorney Docket Number	66774-0005

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

OR

☐ Firm or Individual Name **RADER, FISHMAN & GRAUER PLLC**
Michael B. Stewart

Address **39533 Woodward Avenue**
Suite 140

City **Bloomfield Hills**

Country **US** State **MI** Zip **48304**

Telephone **(248) 594-0600** Email **mbs@raderfishman.com**

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.